Los Angeles County EMS Agency
Ref. No. 806.1, PROCEDURES PRIOR TO BASE CONTACT

Prior to base hospital contact, paramedics may utilize the following treatment protocols:

GENERAL ALS

1. Basic airway/high flow 02
   - BVM & advanced airway prn
2. Cardiac monitor/document rhythm prn
3. If indicated, perform blood glucose test
4. Establish venous access prn
5. Pediatric Resuscitation Tape prn

RESPIRATORY DISTRESS

1. General ALS

Arrest/Hypoventilation (RR ≤ 8/minute):

2. If suspected narcotic OD with hypoventilation
   Naloxone prior to advanced airway placement
   Adult: 0.8 - 2mg IV titrate to adequate RR/TV or 2mg IM/IN
   Pediatric: 0.1mg/kg IV/IM/IN
3. May repeat prn

Bronchospasm/Wheezing:

2. Albuterol via hand-held nebulizer
   Adult: 5mg
   Pediatric: <2 years = 2.5mg
   > 2 years = 5mg
3. May repeat one time prn

Basilar Rales - Cardiac Origin (Adults Only):

2. Nitroglycerin (NTG) SL or transmucosal:
   Systolic blood pressure ≥ 100 = 0.4mg (1 puff)
   Systolic blood pressure ≥ 150 = 0.8mg (2 puffs)
   Systolic blood pressure ≥ 200 = 1.2mg (3 puffs)
3. May repeat 2 times prn - based on repeat BP
4. Consider CPAP if available - max pressure: 10cmH_2O.

CHEST PAIN

1. General ALS

Adult:

2. NTG 0.4mg SL or transmucosal,
   may repeat 2 times every 3 - 5 min. if SBP > 100
3. Aspirin 162mg chewable
4. 12 Lead ECG for suspected acute cardiac event
- if ECG = no suspected acute MI, transport to the MAR
- if ECG = suspected acute MI, transport to the SRC

ACTIVE SEIZURE

1. General ALS
2. Midazolam**
   - titrate IV to seizure control
   Adult: 2 - 5mg slow IVP if unable to establish an IV- 5mg IM or IN
   Pediatric: **0.1mg/kg** IVP
   or if unable to establish an IV, **0.1mg/kg** IM/IN
3. May repeat one time
   (maximum total pediatric dose: 5mg)

ALTERED LOC

1. General ALS
2. Blood glucose (glucometer) administer
   Dextrose if < 60 or if known diabetic < 80
   Adult: 50ml D50 IV
   Pediatric: 0 - 2 years = 2ml/kg D25 IV
   > 2 years = 1ml/kg D50 IV
   If unable to establish IV access, administer
   Glucagon 1mg IM
3. If suspected narcotic OD with hypoventilation
   Naloxone prior to advanced airway placement
   Adult: 0.8 - 2mg IV titrate to adequate RR/TV or 2mg IM/IN
   Pediatric: 0.1mg/kg IV/IM/IN

SHOCK

1. General ALS
2. Fluid challenge NS:
   (if basilar rales-cardiogenic shock suspected - TKO)
   Adult: 10ml/kg, assess lung sounds frequently
   Pediatric: 20ml/kg
3. **If Anaphylaxis:** Epinephrine
   Adult: 0.3mg IM (1:1,000)
   - if severe, administer 0.1mg slow IVP (1:10,000)
   Pediatric: 0.01mg/kg IM (1:1,000)
   (maximum single dose 0.3mg)
   - **if severe,** administer 0.01mg/kg slow IVP (1:10,000)
   (maximum single dose 0.1mg)
4. If suspected tension pneumothorax with systolic blood pressure = ≤ 80 perform needle thoracostomy en route

PAIN MANAGEMENT

1. General ALS

Isolated Extremity Injury:

2. Traction/Splints/Dressings prn
3. If moderate to severe pain, Morphine: titrate IV to effect
   Adult: 2 - 4mg IV/IM, if SBP >100
   Pediatric: 0.1mg/kg IV/IM (maximum single dose: 4mg)
4. May repeat one time prn

Burn

2. If moderate to severe pain, Morphine: titrate IV to effect
   Adult: 2 - 4mg IV/IM, if SBP >100
   Pediatric: 0.1mg/kg IV/IM (maximum single dose: 4mg)
3. May repeat one time prn

HAZARDOUS MATERIAL

1. General ALS
2. If base contact cannot be established, refer to Ref. No. 1134.1, Hazardous Material Treatment Guideline

effective 6-30-10

** Controlled substances are NOT part of the assessment unit inventory.

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Prior to base hospital contact, paramedics may utilize the following treatment protocols:

SYMPTOMATIC BRADYCARDIA

1. General ALS

Adult **HR = ≤ 40/minute and SBP ≤ 80:**

2. Atropine 0.5mg IV
3. If no improvement, TCP
   Follow department guidelines

Pediatric **HR = < 60/minute**

2. Ventilate with BVM @ 100% 02
3. CPR - if HR does not rise above 60/min. with BVM

SUPRAVENTRICULAR TACHYCARDIA

1. General ALS

Perfusing

Adult:

2. Valsalva maneuver
3. If no conversion, Adenosine 6mg rapid IVP
   immediately followed by a 10ml bolus
4. If no conversion, Adenosine 12mg rapid IVP
   immediately followed by a 10ml bolus

Pediatric:

2. Rapid transport

Unconscious or Poor Perfusion

Adult: if IV access is established

2. Adenosine 12 mg rapid IVP -
   immediately followed by a 10ml bolus
   If no conversion, may repeat one time
3. Synchronized Cardioversion en route
   100J monophasic or equivalent biphasic ▼
4. If no conversion, may repeat one time at
   200J monophasic or equivalent biphasic ▼

Pediatric:

2. Fluid challenge 20ml/kg one time

PERFUSING V-TACH WITH PULSES

1. General ALS
2. Rapid transport

UNCONSCIOUS OR POOR PERFUSION V-TACH WITH PULSES

1. General ALS
2. Synchronized Cardioversion:
   Adult: 100J monophasic or equivalent biphasic ▼
   Pediatric: 0.5J/kg monophasic or biphasic
3. If no conversion, may repeat one time en route :
   Adult: 200J monophasic or equivalent biphasic ▼
   Pediatric: 1J/kg monophasic or biphasic

▼ Adult biphasic: administer according to department or manufacturer's recommendations
- if unknown, use highest setting

CARDIOPULMONARY ARREST

Non-Traumatic

1. BCLS/cardiac monitor
2. **If V-Fib/Pulseless VT:**
   Unwitnessed - 2 minutes CPR then defibrillate
   Witnessed - defibrillate and immediately resume CPR for 2 min (5 cycles)

   Defibrillation
   Adult **:** biphasic ▼ (one time)
   - if unknown, use highest setting
   monophasic 360J (one time)

   Pediatric: 2 J/kg biphasic or monophasic
3. Venous Access: if IV is not possible, place IO*
   If hypovolemia, NS fluid challenge:
   Adult: 10ml/kg rapid IV/IO*****
   Pediatric: 20ml/kg rapid IV/IO*****
4. Epinephrine (1:10,000)
   (indicated for all pulseless rhythms)
   Adult: 1mg IV/IO*****
   Pediatric: 0.01mg/kg IV/IO*****
5. If no conversion, defibrillate and
   immediately resume CPR for 2 min. (5 cycles)
   Adult: see non-traumatic # 2 for defibrillation
   Pediatric: 4 J/kg biphasic or monophasic
6. If no conversion, immediately resume CPR
7. **If Asystole or PEA < 60**
   Atropine:
   Adult: 1mg IV/IO*
   Pediatric: Not Indicated
8. Advanced airway prn: ***Pediatric:*** ≥ 12 years or ≥ 40kg

Traumatic

1. BCLS - maintain spinal immobilization - if indicated
2. Cardiac monitor

If V-Fib/Pulseless VT:

3. Defibrillation
   Adult: see non-traumatic cardiac arrest
   Pediatric: see non-traumatic cardiac arrest
4. If suspected tension pneumothorax =
   needle thoracostomy en route
5. Advanced airway prn: ***Pediatric:*** ≥ 12 years or ≥ 40kg
6. Venous access: enroute:
   If unable to establish IV access, place IO*
   Adult: 10ml/kg or wide open
   Pediatric: 20ml/kg

***** If IO is available

Base hospital contact shall be made following each of the treatment protocol(s). If communication cannot be established, base contact shall be made with a full patient report prior to leaving the receiving facility.